

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BARRIER DEVICE FOR COVERING THE OSTIUM OF LEFT ATRIAL APPENDAGE

the specification of which

(check [] is attached hereto
one)

[X] was filed on August 18, 2000 as
Application Serial No. 09/642,291 and was
amended on _____.
(if applicable)

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I do not know and do not believe that the invention was ever patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application.

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			<u>Priority</u>	<u>Claimed</u>
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			Yes	No
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Walter M. Egbert, III (Req. No. 37,317)

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Full name of first inventor Robert A. VanTassel

First Inventor's signature Robert A. VanTassel

Oct 9, 2000

Date

Residence 6420 Bayview Place

Citizenship USA

Post Office Address 6420 Bayview Place

Excelsior, MN 55331

Full name of second joint inventor Robert G. Hauser

Second Inventor's signature X _____ X
Date

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Long Lake, MN 55346

Full name of third joint inventor Robert Schwartz

Third Inventor's signature X _____ X
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Rochester, MN 55902

Full name of fourth joint inventor David Holmes

Fourth Inventor's signature X _____ X
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Fifth Inventor's signature X _____ X
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Full name of fifth joint inventor Gregg S. Sutton

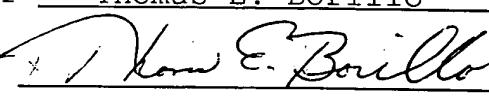
Fifth Inventor's signature  Date 10/12/00

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Full name of sixth inventor Thomas E. Borillo

Sixth Inventor's signature  Date 10/12/00

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Full name of seventh joint inventor Jeffrey Welch

Seventh Inventor's signature  Date 10/12/00

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